

THE DIVISION OF HEALTH OF MISSOURI
FILED FEB 24 1950 STANDARD CERTIFICATE OF DEATH4118
State File No.

BIRTH NO.		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> c. LENGTH OF STAY (In this place) <u>4 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>17 South Sprigg Street</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> <u>016C</u> d. STREET ADDRESS (If rural, give location) <u>17 South Sprigg Street</u>			
3. NAME OF DECEASED (Type or Print) <u>PENDLETON</u> a. (First) <u>A.</u> b. (Middle) <u>KASEY</u> c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) <u>February 13, 1950</u>				5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> 8. DATE OF BIRTH <u>August 29, 1883</u> 9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u> 10b. KIND OF BUSINESS OR INDUSTRY <u></u> 11. BIRTHPLACE (State or foreign country) <u>Big Springs, Kentucky</u> 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				13a. FATHER'S NAME <u>James Kasey</u> 13b. MOTHER'S MAIDEN NAME <u>Martha Moorman</u> 14. NAME OF HUSBAND OR WIFE <u>Mrs. Etta May Kasey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>No</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Etta May Kasey</u> ADDRESS, MO. <u>Cape Girardeau</u>				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>			
19a. DATE OF OPERATION <u></u> 19b. MAJOR FINDINGS OF OPERATION <u>No operation</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u> 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u></u> 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u></u>				22. I hereby certify that I attended the deceased from <u>Feb 13</u> , 19 <u>50</u> , to <u>Feb. 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 13</u> , 19 <u>50</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.A. Ritter</u> (Degree or title) <u>M.D.</u> 23b. ADDRESS <u>Cape Girardeau Mo</u> 23c. DATE SIGNED <u>2-15-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>Feb. 16, 1950</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> 24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-15-1950</u> REGISTRAR'S SIGNATURE <u>C. C. Summers</u> 44 5. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home - Cape Girardeau, Mo.</u> ADDRESS <u></u>							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 20 1950

DISTRICT HEALTH OFFICE NO.

File No. 250-230

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Virgil H. Kelch

Licensed Embalmer No. 4182

P. O. Address

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.